

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LEAGUE OF CONSERVATION VOTERS INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90005786 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L STREET NW #800		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only Name of Employer Occupation		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Report ☐ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 6

THROUGH

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 6

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

30.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Barbara G. McIntosh

09/27/2006

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee
New Mexico Solar Energy Assn

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	6

Mailing Address

1009 Bradbury Se #34

Amount

30.00

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

table at conf to recruit volunteers

Category/
Type

001

Office Sought:

☐

House

State: NM

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Patricia Madrid

Disbursement For:

☐

Primary

☐

General

☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

72087.63

(a) SUBTOTAL of Itemized Independent Expenditures

30.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

30.00